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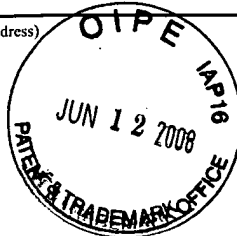
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EM 163886150 US	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/775,869	02/10/2004	Ekaterina Dadachova	96700/845	1864

TITLE OF INVENTION: RADIOLABELED ANTIBODIES FOR TREATMENT OF TUMORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/15/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
FETTEROLF, BRANDON J	1642	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Amster, Rothstein & Ebenstein LLP 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **Albert Einstein College of Medicine of Yeshiva University**
 (B) RESIDENCE: (CITY and STATE OR COUNTRY) **Bronx, New York**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **01-1785** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature:
 Typed or printed name: **Alan D. Miller, Esq.**

Date: **June 13, 2008**
 Registration No.: **42,889**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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(Depositor's name)

(Signature)

(Date)

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

Albert Einstein College of Medicine
 of Yeshiva University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bronx, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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Authorized Signature

Alan D. Miller

Date June 13, 2008

Typed or printed name

Alan D. Miller, Esq.

Registration No. 42,889

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June 13, 2008

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Commissioner for Patents
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Alan D. Miller
Direct 212 336 8094
E-mail amiller@arelaw.com

Re: U.S. Patent Application No. 10/775,869
Title: RADIOLABELED ANTIBODIES FOR TREATMENT OF TUMORS
Applicants: Ekaterina Dadachova, Joshua D. Nosanchuk, and
Arturo Casadevall
Our File: 96700/845

Dear Sir:

Enclosed please find the following documents in connection with the above-identified application:

1. a Part B Fee(s) Transmittal sheet (1 page, in duplicate);
2. a check in the amount of \$1,020.00 to cover Issue and Publication fees; and
3. a return receipt postcard.

Please charge any outstanding amount or credit any overpayment to Deposit Account No. 01-1785. Please also acknowledge receipt of the enclosed documents by stamping the enclosed postcard and returning the same to us.

Respectfully submitted,

AMSTER, ROTHSTEIN & EBENSTEIN LLP
Attorneys for Applicants
90 Park Avenue
New York, New York 10016
(212) 336-8000

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Date of Deposit:	June 13, 2008
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Name:	Alan D. Miller
Signature:	

Dated: June 13, 2008
New York, New York

By:
Alan D. Miller, Reg. No. 42,889